

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 19, 2016

Ms. Leslie Slingerland, Manager Second Spring North 1071 Vt Route 15 Underhill, VT 05489-9341

Dear Ms. Slingerland:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on March 23, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

amlaM (Wa PN)

PRINTED: 04/05/2016 FORM APPROVED

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|--------------------------|---|--|---------------------------------------|---|-------------------|--------------------------|
| | NT OF DEFICIENCIES N OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 | LE CONSTRUCTION | (X3) DATE COMF | SURVEY LETED |
| | | 0611 | B. WING | | | 23/2016 |
| NAME OF | PROVIDER OR SUPPLIER | STREETAD | ORESS, CITY, | STATE, ZIP CODE | | |
| SECON | D SPRING NORTH | 1071 VT 9 | ROUTE 15 | | | |
| SECON | D SPRING NORTH | UNDERH | ILL, VT 054 | 89 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED CORRECTION (CROSS-REFERENCE) | D BE | (X5) COMPLETE DATE |
| R100 | Initial Comments: | | R100 | , | | |
| | investigation of one one complaint were Licensing and Prote were no regulatory the entity report or t | nsite re-licensing survey plus entity reported incident and conducted by the Division of ection from 3/22-23/16. There violations identified related to he complaint. The following ies were identified during the | | | | |
| R259 SS=D | VII. NUTRITION AN | D FOOD SERVICES | R259 | | . 1 | |
| | 7.3 Food Storage a | nd Equipment | | 7.3 A Secure Cab | sid | 4/29/16 |
| | products and insect easy identification a food storage area u | npounds (such as cleaning icides) shall be labeled for nd shall not be stored in the nless they are stored in a mpartment within the food | | 7.3 A Secure Cabo has been purchal and will be install in the Kitchen wh it arrives. | led en | |
| | by: Based on observation facility failed to assure poisonous compoun | ds such as cleaning products arate, locked compartment in | | - | | |
| | kitchen on 3/22/16, t open shelf which cor 3/23/16 at 10:00 AM | our of the home's main he surveyor identified an ntained cleaning products. On , two kitchen staff confirmed ducts are currently stored on main kitchen. | | | | |
| R293 SS≒F | IX. PHYSICAL PLAN | ı r | R293 | | , - | |
| vision of Lic | eneing and Protection | | ! | | <u>i</u> | |

Di

(X8) DATE

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| Division | of Licensing and Pr | otection | | | FORM | IAPPROVED |
|--------------------------|--|--|-------------------------|---|------------------------------|--------------------------|
| | NT OF DEFICIENCIES I OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' | PLE CONSTRUCTION 3: | | SURVEY PLETED |
| | | 0611 | B. WING | · · · · · · · · · · · · · · · · · · · | | C 23/2016 ; |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, | STATE, ZIP CDDE | | |
| SECONE | SPRING NORTH | 1071 VT I | ROUTE 15 ILL, VT 054 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| R293 | Continued From pa | ge 1 | R293 | -2 | | |
| | 9.7 Water Supply 9.7.b If a home use supply shall conform operation and sanitathe Department of Fishall be tested annucopies of results shall be tested annucopies of results and record failed to provide record administrator and agriculture and the tested annucopies of tested annucopies of the tested annuc | es a private water supply, said in to the construction, ation standards published by Health. Private water supplies rally for contamination, and all be kept on premises. IT is not met as evidenced view and staff interview, the de evidence that the private rad been annually tested for lings include: It is not met as evidenced view and staff interview, the de evidence that the private rad been annually tested for lings include: It is not met as evidenced to evidence water supply. At the administrator confirmed the records onsite. On 3/28/16 red evidence of a work order | 1,723 | 9.7 A water tes Nas performed a State of VT protoco on 3/29/16. Pleas see attached. A is in place throng our facilities than to repeat the tes annually | s perols se plan gh | 3/29/16 |
| | * | <u> </u> | | | | |

Leslie Slingerland

From:

Tom Laird

Sent:

Monday, April 04, 2016 8:44 AM

To:

Leslie Slingerland; Lori Schober Oszterling; James MacDonald; Chris Pollard

Subject:

FW: Second Spring North water test result

Attachments:

1603-05934-01M.PDF

Good morning

According to the water sample taken on Tuesday march 29th and tested the following day we can serve and drink the water from the westford well

We passed

I have kept a copy for my file

Sincerely,

Thomas Laird

Supervisor of Buildings & Grounds

Collaborative Solutions Corporation Second Spring North Second Spring South

Administrative Office South Barre

Cell Phone: 802-595-3263

From: Katrina Mattice [mailto:kmattice@ecsconsult.com]

Sent: Monday, April 04, 2016 8:36 AM

To: Tom Laird; Laura Woodard

Subject: Second Spring North water test result

Hello Tom,

ECS has completed water quality sampling in March 2016 at Second Spring North. The sample location, date, analyses and results are noted on the attached laboratory report. The sample was collected and transported in accordance with standard procedures.

No coliform bacteria were detected in the water sample. Based on these results, this water sample passes the criteria for potable water as presented in the Vermont Water Supply Rule. No nitrite was detected in the water sample. Nitrate was detected at 0.039 mg/L and the Vermont Primary Groundwater Quality Standard is 10 mg/L.

In order to obtain a representative sample, the tap water was allowed to run for approximately ten minutes with the aerator removed from the disinfected faucet before collecting the sample. The sample was delivered under chain of custody in an ice filled cooler to Endyne, Inc. in Williston, Vermont for laboratory analysis.

Thank you,

Katrina



Katrina Mattice, P.E.
Environmental Engineer
Environmental Compliance Services, Inc.
1 Elm St #3
Waterbury, VT 05676
Tel: (802) 241-4131 ext. 258
Cell Phone: (802) 338-0787
Fax: (802) 244-6894
kmattice@ecseonsult.com
www.ecsconsult.com



Page 1 of 2

ECS-Waterbury
1 Elm Street

100190

Suite 3

Waterbury, VT 05676

Atten: Laura Woodard

PROJECT: Second Spring N.

WORK ORDER:

March 29, 2016

1603-05934

DATE RECEIVED: DATE REPORTED:

March 30, 2016

SAMPLER: Katrina

VTP

Laboratory Report

Enclosed please find the results of the analyses performed for the samples referenced on the attached chain of custody. All required method quality control elements including instrument calibration were performed in accordance with method requirements and determined to be acceptable unless otherwise noted.

The column labeled Lab/Tech in the accompanying report denotes the laboratory facility where the testing was performed and the technician who conducted the assay. A "W" designates the Williston, VT lab under NELAC certification ELAP 11263; "R" designates the Lebanon, NH facility under certification NH 2037 and "N" the Plattsburgh, NY lab under certification ELAP 11892. "Sub" indicates the testing was performed by a subcontracted laboratory. The accreditation status of the subcontracted lab is referenced in the corresponding NELAC and Qual fields.

The NELAC column also denotes the accreditation status of each laboratory for each reported parameter. "A" indicates the referenced laboratory is NELAC accredited for the parameter reported. "N" indicates the laboratory is not accredited. "U" indicates that NELAC does not offer accreditation for that parameter in that specific matrix. Test results denoted with an "A" meet all National Environmental Laboratory Accreditation Program requirements except where denoted by pertinent data qualifiers. Test results are representative of the samples as they were received at the laboratory

Endyne, Inc. warrants, to the best of its knowledge and belief, the accuracy of the analytical test results contained in this report, but makes no other warranty, expressed or implied, especially no warranties of merchantability or fitness for a particular purpose.

Reviewed by:

Harry B. Locker, Ph.D. Laboratory Director

160 James Brown Dr., Williston, VT 05495

Fax 802-879-7103

www.endynelabs.com



56 Etna Road, Lebanon, NH 03786 Ph 603-678-4891 Fax 603-678-4893



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Laboratory Report

DATE REPORTED: 03/30/2016

 CLIENT:
 ECS-Waterbury
 WORK ORDER:
 1603-05934

 PROJECT:
 Second Spring N.
 DATE RECEIVED
 03/29/2016

| 001 Site: Kitchen Sink | | | | Date Sampled: 3/29/16 | Time: 9:55 | |
|------------------------|---------------|--------------|----------------|-----------------------|-----------------------|-------|
| Parameter | <u>Result</u> | <u>Units</u> | Method | Analysis Date/Time | <u>Lab/Tech</u> NELAC | Qual. |
| Total Coliform | < 1 | MPN/100mls | SM20 9223B(97) | 3/29/16 16:12 | W KMB A | |
| e. coli | < 1 | MPN/100mls | SM20 9223B(97) | 3/29/16 16:12 | W KMB A | |
| Nitrate as N | 0.039 | mg/L | EPA 300.0 | 3/29/16 13:59 | W CM A | |
| Nitrite as N | < 0.020 | mg/L | EPA 300,0 | 3/29/16 13:59 | W CM A | |

Date/Time

72507

CHAIN-OF-CUSTODY-RECORD

ALL = ENDYNE, INC.

Special Reporting Instructions/PO#;

160 James Brown Drive Williston, Vermont 05495 (802) 879-4333

のでからずたの Sampler Name: Kathing Mathic BRCT/WITHOUSE Witneste Phone #: 802.241.413 waterbury of 1603-05934 EES-Waterbury Second Spring N. 1683-839 Billing Address: 4 Phone #: 502, 241, 413|
Mailing Address: 1 Elm 54, swite3 X 2 3-29-14 DESS 50 Client/Contact Name; Project Name: Second Spring N. State of Origin: VT X NY NH Other Budyne Wo# 11003-09934 itelyan Sink

| 줄. | Relinquished by: | · · | | Ğ Z | Date/Time Received by: | 1 5% | | } | Date/Time | å | ceivipd by: | | | | Date | Date/Time | n) |
|---------|-----------------------------|-------------|--|------------|------------------------|----------------|--------------------|-------|---|----|---------------|---|---|---------------|----------------|-----------|-----|
| 4 | Acidona Mathre Sizallo 0940 | <u> </u> | etha 3129 | <u>و</u> _ | 0946 | | | | | | Voing Maylo | 1 | 0 | S 24/16 9:40 | 4 4 | 9 | oh. |
| - | pH | 9 | TKN | 11 | Total Solids | 16 | Sufface | 21 | 1664 TPH/POG | 33 | 8270 PAH Only | | | | | | |
| 2 | Chloride | I ~- | Totai P | 12 | TSS | (2) | Coliform (Specify) | 22 | 8015 GRO | 27 | 8081 Pest | | | | | | |
| 6 | Ammonia N | 95 | Total Diss. P | 13 | SQL | 81 | COD | 23 | 8015 DRO | 28 | S082 PCB | | | | | | |
| \odot | Nitrite N | 6 | BOD | 14 | Turbidity | ≗ | VT PCF | 7.7 | 8260B | 23 | PP13 Metais | | | | | | |
| 5 | Nitrate N | 10 | Alkalinity | 15 | 15 Conductivity | ន | VOC Halocarbons 25 | 25 | 8270 B/N or Acid | 30 | Total RCRAS | | | | | | |
|)≂ | Metals (Total, Di | 5S.) A | Metals (Total, Diss.) Ag, Al, As, B, Ba, Be, Ca, Cd, Co, Cr, | Ğ | Cd, Co, Cr, Cu, Fe, | H _E | K, Mg, Mn, Mo, Na, | Ni. P | Cu, Fe, Hg, K, Mg, Mn, Mo, Na, Ni, Pb, Sb, Se, Sn, Tl, U, V, Zn | 3 | | | | | | | |
| 32 | TCLP (volatifes, | Semi-3 | TCLP (volatiles, semi-volatiles, metals, pesticides, herbicides) | sticide | | 83 | 33 Other | Ì | | | | | | | | | |
| 34 | Corrosivity | 35 | Ignitability | 36 | Reactivity | 33 | Other | | | | | | | | | | |
| 38 | Other | | | | - | | | | | | | | | | | | |

(White - Laboratory / Yellow - Client)

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